## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

07/08/2004

Scully Scott Murphy & Presser 400 Garden City Plaza Garden City, NY 11530 09/29/2004 TBESHAH2 00000086 500510

09488509

01 FE:1501

1330.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name

(Date

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/488.509 01/20/2000 Frank Leymann 12992(GE998-062)

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING A LINKAGE BETWEEN SYSTEMS MANAGEMENT SYSTEMS AND APPLICATIONS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	10/08/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
MEINECKE DIAZ, SUSANNA M		3623		705-009000		
CFR 1.363).  Change of corresponde Address form PTO/SB/1:  "Fee Address" indicati	e address or indication of "Fence address (or Change of C22) attached.  on (or "Fee Address" Indicator more recent) attached. Use	Correspondence	(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, li mes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the name and patent attorneys or agents. If name will be printed.	nt attorneys 1 <u>Scully</u> Murphy a member a 2 nes of up to	, Scott, & Presser S. Jennings
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in		low no assignee d	lata will ann	ear on the natent. If an assion	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
INTERNATIONAL	BUSINESS MACHIN	NES CORPORA	ATION	ARMONK, NEW	YORK	
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the p	atent); 🚨 individual 🥻 c	orporation or other private g	roup entity
4a. The following fee(s) are enclosed:		4b.	4b. Payment of Fee(s):			
Issue Fee		1	☐ A check in the amount of the fee(s) is enclosed.			
☐ Publication Fee (No small entity discount permitted)		)	☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies	<del>}</del>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50~0510 DRM (enclose an extra copy of this form).			
5. Change in Entity Status  a. Applicant claims SM	(from status indicated above IALL ENTITY status. See 3'	)		nt is not claiming SMALL ENT		
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if required) w	ill not be accepted	from anyone	y) or to re-apply any previously other than the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or the	ation identified above. the assignee or other party in

(Date)

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Steven Fischman, Reg. No. 34,594 September 10, 2004

This collection of information is required by 37 CFR 1.317. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

(Authorized Signature)